

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10587389

Filing Date

Applicant(s) **Stefano COLLOCA**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1		1				
2	1		1				
3	1		1				
4	1		1				
5	1		---				
6	1			1			
7		1	---	---			
8		1		1			
9		1	---	---			
10		2	---	---			
11		1		---			
12		1		---			
13		3		---			
14	1		---	---			
15	1			---			
16	1			---			
17	1			---			
18		1		---			
19		1		---			
20		1		---			
21		1		---			
22	1			(1)			
23		1		---			
24		1		---			
25		1		---			
26		1		---			
27	1			---			
28		1		---			
29		1		---			
30		1		1			
31		1		---			
32		1		---			
33		1		---			
34		1		---			
35	1			1			
36		1		---			
37		1		---			
38		1		---			
39		1		---			
40		1		---			
41		1		---			
42		1		1			
43				1			
44					1		
45				1			
46					1		
47					1		
48					1		
49					1		
50					1		
Total Indep.	13		7		0		
Total Depend.	32	↙	11	↙	0	↙	
Total Claims	45		18		0		

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